

Exercise DETERMINED ACCORD Player Handbook

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1. Introduction

This Player Handbook provides each exercise participant with the information necessary for their participation in the Interagency Continuity of Operations (COOP) Pandemic Influenza Tabletop Exercise (TTX), referred to as DETERMINED ACCORD.

This Interagency COOP TTX is designed to discuss COOP topics that are based on the guidance provided in Federal Preparedness Circular 65 (FPC-65), and the Implementation Plan for the National Strategy for Pandemic Influenza, Homeland Security Council, May 2006.

This TTX also includes information and guidance from two Office of National Security Coordination (ONSC) memos:

- 1. The Office of National Security Coordination, Federal Emergency Management Agency, Department of Homeland Security. "Continuity of Operations (COOP) Pandemic Influenza Guidance," March 1, 2006.
- 2. The Office of National Security Coordination, Federal Emergency Management Agency, Department of Homeland Security. "Pandemic Influenza Continuity of Operations Planning Survey," July 12, 2006.

Participants are encouraged to be familiar with the Implementation Plan for the National Strategy for Pandemic Influenza, May 2006, *before* they attend their scheduled session; particularly the table at the end of Chapter 5, which outlines the World Health Organization (WHO) Global Pandemic Phases and the Stages for Federal Government Response.

2. Exercise Goal

The goal of Exercise DETERMINED ACCORD is to increase Federal Executive Branch Department and Agency, State, tribal, and local jurisdictional COOP readiness for a pandemic event, to mitigate vulnerabilities during a pandemic influenza outbreak, and to identify gaps or weaknesses in pandemic planning in organization COOP plans, policies, and procedures.

3. Objectives

The table below outlines the objectives for this exercise.

Table 1. TTX Objectives

No.	Objectives
1.0	Increase the awareness of Federal, State, local, and tribal government agencies of the requirement to incorporate pandemic influenza procedures into COOP planning.

2.0	Identify special considerations for protecting the health and safety of employees and maintaining essential government functions and services during a pandemic outbreak.
3.0	Discuss COOP plans and procedures for telework during a pandemic and identify best practices and areas requiring improvement.
4.0	Review the 11 Essential Elements of a viable COOP capability, as stated in Federal Preparedness Circular 65, and explore how they correspond to pandemic influenza planning.
5.0	Identify solutions or alternative actions to COOP challenges presented during a pandemic influenza event.

4. Exercise Structure

Exercise DETERMINED ACCORD is a two-hour tabletop exercise moderated by trained facilitators and conducted specifically for the federal community, with possible interaction from the US Courts and local government officials. Group discussion will be focused on a pandemic influenza scenario that continues to unfold over the course of the exercise. To begin the exercise, the Facilitator will present the initial welcome and introductory remarks followed by a brief overview of the tabletop exercise format and a lead-in to the exercise scenario. That will be followed by a facilitated discussion of issues resulting from the events presented in the scenario. A hot wash will capture key input and issues raised during the discussions.

The TTX discussions allow the participants to address COOP planning and program requirements with other government agencies, and will help develop organization and interagency COOP lines of communication. Events will take place during all six Federal Government Response Stages, as defined in the National Strategy for Pandemic Influenza Implementation Plan, May 2006. Facilitators will focus player discussions to sets of issues relevant to the organizational challenges that would be encountered during each phase.

Participants will also be required to complete a participant questionnaire. All comments will be consolidated into an after-action report.

Table 2. Tabletop Exercise Structure

Federal Government Response Stages	Scenario Timeline	Focus Points
Stage 0 to 1 Inter-Pandemic Period	D Day / Present	 Standalone Plan vs. Annex Major Planning Assumptions Major Planning Approach TT&E for Preparedness Psycho-social Effects
Stage 2 to 3 Inter-Pandemic Alert Period	D+1 Week	 Essential Elements of COOP Trigger Points Preparing for Telework Long-Term Continuity Employee Communications and Guidance
Stage 4 Pandemic Period	D + 13 Weeks	 Plan Activation Responsibilities Interagency Coordination Public Affairs Alternate Operating Facilities Executing Telework Psycho-social Effects
Stage 5 Pandemic Period	D + 15 Weeks	 IT Services Employee Connectivity Employee Communication and Guidance Contracting Psycho-social Effects Devolution
Stage 6 Pandemic Period	D + Several Months	Standing DownPhased Return

5. TTX Scenario Overview /Timeline

Beginning of Scenario

Conditions at the beginning of the scenario mirror the present day. The H5N1 strain of influenza virus primarily exists within wild or domestic birds, and infects humans only after excessive avian contact. Cases are primarily found in Southeast Asia. No infected birds have yet been detected in North America.

D Day

In rural Vietnam, a cluster of deaths draw the attention of investigators, who determine the cause to be a human transmissible form of the H5N1 virus. The Federal Response Stage is raised to 1.

D + One Week

The influenza is detected in 12 other Vietnamese villages. The WHO Pandemic Phase is raised to 4 and the Federal Response Stage to 2. Quarantines and travel restrictions take effect in Vietnam.

D + One Month

Over 800 cases of influenza are diagnosed in Vietnam, with 35 deaths. Public health authorities struggle to keep the outbreak contained. WHO raises the Pandemic Phase to 5.

$D + Three\ Months$

The outbreak jumps borders and begins infecting cities in Thailand, Cambodia, Australia, and elsewhere throughout Southeast Asia. Travelers return the influenza to France and India, but they are contained before spreading the disease to others in their communities. WHO raises the Pandemic Phase to 6 and the Federal Government Response Stage becomes 3.

D + 13 Weeks

An international business traveler is diagnosed with H5N1 influenza after landing in Seattle from Tokyo. Public health officials attempt to prevent an outbreak, but simultaneous clusters of influenza are soon detected in Seattle, San Francisco, and New York City.

The Federal Response Stage is raised to 4 when the passenger is detected, and further raised to 5 when the virus appears in multiple cities.

D + 15 Weeks

Within two weeks of arrival in the United States, the influenza spreads to all major cities. Hospitals and local clinics report record numbers of people who believe they are ill. Thousands of schools close in the hardest-hit areas, increasing absenteeism. Public outcry for a vaccine intensifies. Some employees are afraid to come to work. Absenteeism rates fluctuate from 10-20%, but are expected to grow.

D + 25 Weeks

Infections across the country number in the hundreds of thousands, perhaps millions. Fatalities increase, and medical supplies are becoming depleted. Although caregivers received early vaccinations, many medical professionals are becoming ill.

D + 5-7 Months

Trucking resources are in short supply, and manufacturer supply chains are unraveling. Air transportation is in crisis, and nearly all major US airlines are headed into bankruptcy. Basic social services, such as trash removal, struggle to operate. The rate of infection is highest in cities and highly urbanized areas. Commuters fear public transportation.

D + Several Months

It appears that the threat from the pandemic may be permanently receding. The rate of new diagnoses has been declining for the last six straight weeks. Public relief is palpable. However, due to manpower shortages it may be several weeks until health care, public utilities, public services, and transportation services are able to increase levels of service.

Organizations are free to consider standing down and begin the reconstitution process, without sacrificing preparedness measures or reducing their ability to perform essential functions. Devolution/dispersal of operations may still be required for some COOP sites/employees.

6. Roles and Responsibilities

Players are encouraged to fully participate in the discussions resulting from issues raised based on the Pandemic Influenza scenario.

Exercise participation includes brainstorming techniques and free, non-attribution discussions, which are highly encouraged. The following rules apply while brainstorming:

- Non-attribution is in effect
- Promote maximum group interaction
- Keep issues on a level that relates to the larger interagency participant/community
- Offer inputs based on facts; avoid hearsay
- Non-constructive criticism is not permitted
- Focus on solutions
- Respect all ideas and comments
- Participation

Remember, the overall exercise objective is not only to stress the process, but also to facilitate free information exchange and enhance participants' knowledge of COOP plans and procedures.

7. Tabletop Exercise Injects/Points of Discussion Tabletop

The TTX scenario will depict a situation that causes the Federal government to activate Department and Agency COOP pandemic plans. The end state for Exercise DETERMINED ACCORD is to ensure that all personnel will have an overview of the planning considerations necessary to accomplish their mission in accordance with the documents identified in Section 1.

8. TTX Messages

Annex A provides the messages/injects for this TTX.

9. Hot Wash

A Hot Wash at the end of the training session will summarize and validate the problems, issues, and key points brought out during the exercise. Time permitting, there will be a brief discussion of specific action items requiring follow-up, to enhance the overall interagency COOP plans and programs. Participants will also be required to complete a Participant Questionnaire. All comments will be consolidated into an after action report.